

**Personal Financial Statement  
For Determination of Personal Net Worth  
Disadvantaged Business Enterprise (DBE)**

Complete this form for each socially and economically disadvantaged owner whose ownership and control are relied upon.

Name \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone (     ) \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Business Name of Applicant \_\_\_\_\_

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on Hand & in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto) Mo. Payments \$ _____	
Accounts & Notes Receivable		Installment Account (other) Mo. Payments \$ _____	
Life Insurance - Cash Surrender Value Only (Complete Section 8)		Loan on Life Insurance	
Stocks and Bonds (Describe in Section 3)		Mortgages on Real Estate (Describe in Section 4)	
Real Estate (Describe in Section 4)		Unpaid Taxes (Describe in Section 6)	
Automobile - Present Value		Other Liabilities (Describe in Section 7)	
Other Personal Property (Describe in Section 5)		Ownership Interest in Firm	
Other Assets (Describe in Section 5)		Equity in Primary Residence	
<b>Total Assets</b>	\$ _____	<b>Total Liabilities</b>	\$ _____
		<b>Net Worth</b>	\$ _____
		<b>Total</b>	\$ _____

Section 1. Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (Describe below)	\$ _____	Other Special Debt	\$ _____

Description of Other Income in Section 1. \_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Bank and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, tax lien attached.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## ***Affidavit of Personal Net Worth***

The Federal Regulations 49 CFR Part 26.67(2)(i) require each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon, to submit a signed, notarized statement of Personal Net Worth (PNW), with appropriate documentation. Appropriate supporting documentation generally includes, but is not limited to "U.S. Individual Income Tax Returns" and other documents to support statements contained in the "Personal Net Worth Statement." Contingent liability does not reduce an individual's net worth.

The undersigned swears, under penalty of the perjury laws of the United States, that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's personal net worth. Further, the undersigned swears that he or she **is in fact socially and economically** disadvantaged and that the applicant has halved all assets and liabilities, **except** his or her ownership interest in the firm. **Further, the undersigned agrees** to permit the audit and examination of their personal and business records and files to verify the accuracy of the statements made. Any material misrepresentation will be grounds for terminating eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.

_____	
Name of Firm	
_____	_____
Printed Name	Title
_____	_____
Signature	Date

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me appeared  
\_\_\_\_\_ who, being duly sworn, did  
execute the foregoing affidavit, and did state that he or she was properly authorized by  
\_\_\_\_\_ to execute the affidavit and did so as his or  
Name of Firm  
her free act and deed.

Notary Public \_\_\_\_\_ Commission expires \_\_\_\_\_ {Seal}